# IN THE UNITED STATES DISTRICT COURT FOR THE WESTERN DISTRICT OF MISSOURI

Robe	ert Dinkins, #52949	95 )						
(full r	name)	(Register No). )						
	Plaintiff(s).	)						
v.		)	Case No. 09-4111_CV-C-NK(					
Corre	ectional Medical Se	ervice, and						
media	name) cal staff Doctors,							
(nan	nes unknown)  Defendant(s).	)						
I.	8200 No More Vic	ctims Road, Jeff	Jefferson Correctional Center  erson City, Missouri. 65101-4539					
II.	8200 No More Vic	ctims Road, Jeff tion:	Terson City, Missouri. 65101-4539					
	Please give your co incarcerated.	mmitment name an	nd any another name(s) you have used while					
	A. Plaintiff Robert	Dinkins	Register No529495					
	Address Jefferson Correctional Center							
	8200 No More V	/ictims Road, Je	efferson City, Missouri. 65101-4539					
	B. Defendant Correct	ctional Medical	Service, and medical Doctors					
	Is employed as	Octor's						
separ	For additional plaint ate page.	iffs or defendants, p	provide above information in same format on a					

III.	Do your claims involve medical treatment?	Yes No									
IV.	Do you request a jury trial?	Yes No									
V.	Do you request money damages?	Yes No									
	State the amount claimed?	\$(actual/punitive)									
VI.	Are the wrongs alleged in your complaint continui	ng to occur? Yes X No									
VII.	Grievance procedures:	Grievance procedures:									
	A. Does your institution have an administrative or grievance procedure?  Yes X No										
	B. Have the claims in this case been presented through an administrative or grievance procedure within the institution?  Yes X  No										
	C. If a grievance was filed, state the date your claims were presented, how they were presented, and the result of that procedure. (Attach a copy of the final result.)  I.R.R was filed on Feb 25, 2006 and Grievance Appeal was filed on July 2, 2006 and was denied on October 26, 2006.  D. If you have not filed a grievance, state the reasons.										
VIII.	Previous civil actions:										
	A. Have you begun other cases in state or fede involved in this case?	eral courts dealing with the same facts Yes X No									
	B. Have you begun other cases in state or federa treatment while incarcerated?	l courts relating to the conditions of or Yes X No									
	C. If your answer is "Yes," to either of the a information for each case.	bove questions, provide the following									
	(1) Style: Robert Ossie Dinkins v.										
	(Plaintiff) (2) Data filed: WD, Mo, May 4, 2007	(Defendant)									

here as briefly as possible the facts of your claim. Describe how each named defendant volved. Include the names of other persons involved, dates and places. Describe fically the injuries incurred. Do not give legal arguments or cite cases or statutes. You do that in Item "B" below. If you allege related claims, number and set forth each claim separate paragraph. Use as much space as you need to state the facts. Attach extra
(6) Date of disposition: May 4, 2007, April 28, 2008  (7) Disposition: Denied  (Pending) (on appeal) (resolved)  (Plaintiff or Defendant)  (Plaintiff or Defendant)  dditional cases, provide the above information in the same format on a separate page ment of claim:  here as briefly as possible the facts of your claim. Describe how each named defendant volved. Include the names of other persons involved, dates and places. Describe fically the injuries incurred. Do not give legal arguments or cite cases or statutes. You do that in Item "B" below. If you allege related claims, number and set forth each claim separate paragraph. Use as much space as you need to state the facts. Attach extrass, if necessary. Unrelated separate claims should be raised in a separate civil action.
(7) Disposition:
(Pending) (on appeal) (resolved)  (8) If resolved, state whether for: Defendant  (Plaintiff or Defendant)  (Plaintiff or Defendant)  dditional cases, provide the above information in the same format on a separate page ment of claim:  here as briefly as possible the facts of your claim. Describe how each named defendant volved. Include the names of other persons involved, dates and places. Describe fically the injuries incurred. Do not give legal arguments or cite cases or statutes. You do that in Item "B" below. If you allege related claims, number and set forth each claim separate paragraph. Use as much space as you need to state the facts. Attach extrass, if necessary. Unrelated separate claims should be raised in a separate civil action.
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briefly your legal theory or cite appropriate authority: elle v. Gamble, 97 S.Ct. 285 (1976), Handicopped Prisoner.
isoners may sue under the Federal Rehabilitation act of 1973
U.S.C. § 794."
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### ATTACHED SUPPLEMENTAL PAGES 1 OF COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

#### CLAIM

THIS COMPLAINT IS BEING FILED BY PLAINTIFF BECAUSE OF A CONSTITUTIONAL VIOLATION OF THE 8TH AMENDMENT RIGHT TO THE UNITED STATES CONSTITUTION
"TO BE PROTECTED FROM CRUEL AND UNUSUAL PUNISHMENT" AND A VIOLATION OF THE 14TH AMENDMENT RIGHT OF "DUE PROCESS OF LAW AND EQUAL PROTECTION OF LAW", FOR BEING DENIED PROPER MEDICAL CARE. WHEN (CMS) MEDICAL DOCTORS SHOWED A CLEAR AND DELIBERATE INDIFFERENCE, TO PLAINTIFF CLEAR MEDICAL NEED FOR "PHYSICAL THERAPY" AND THERAPEULIC TREATMENT" FOR A DISABILITY OF BEING PARALYZE FROM THE WAIST DOWN FROM DECEMBER 2004 TO 2009, AND STILL CONTINUING.

ALSO THE PLAINTIFF SHOULD BE CONSIDER UNDER THE EXCEPTION TO SUCCESSIVE PETITION CLAUSE, BECAUSE HE FACES, "IMMINENT DANGER" OF SERIOUS PHYSICAL INJURY, UNDER 28 U.S.C. § 1915 (G), BECAUSE HIS MEDICAL IS WORSENING AND DETERIORATING AND PLAINTIFF NEEDS PROPER MEDICAL CARE.

IN THAT, PLAINTIFF TRIED TO FILE THREE (3) PRIOR COMPLAINTS OR LAW SUITS, THAT WERE DISMISSED BY THIS COURT. BECAUSE THE COURT COULD NOT UNDERSTAND NOR READ THE CLAIMS. THEREFORE, IN THE BEST INTEREST OF JUSTICE, THIS COURT SHOULD GRANT FORMA PAUPERIS UNDER EXCEPTION.

#### SUPPORTING FACTS

Plaintiff was housed in Jefferson City Correctional Center address: 8200 No More Victims Road, Jefferson City, Missouri. 65102. In housing unit 8, on or around December of 2004. When plaintiff was walking in a recreation cage, with a offender named Frank. Plaintiff began to become real dizzy and faint, and felt like he was about to die or pass-out. Plaintiff then passed-out or black-out, and fail to the ground, plaintiff wake back up, but was unaware as to what was going on with him medically. Then offender Frank pressed the panic button, and when correctional officer came to see what had happen, offender Frank explained to the correctional officer what had just happen to plaintiff. Then officer escorted plaintiff back to his cell. After that incident every time the plaintiff went to the recreation cage, plaintiff had to come right back to his cell, because it seems as though every breath of air plaintiff would take was killing him. Plaintiff then

begin to file (M.S.R.) on Medical Service Request Forms, (I.R.R.) Informal Resolution Request, Grievance, and Grievance Appeals etc...

## ATTACHED SUPPLEMENTAL PAGE 2 OF COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

Medical Doctors for (CMS) did not take the plaintiff seriously and kept telling him that there was nothing wrong with him and that plaintiff may have Pernicious Anemia.

Plaintiff continue to file (M.S.R.) and asked everyone that would listen to him for help with his problem. But he got no help.

Now plaintiff is paralyze from the waist down and can not walk at all and he is confined to a wheelchair, and (CMS) Doctors have continue to deny him proper medical care and therapeutic treatment for his clear medical need, and plaintiff has continue to suffer irreparable harm, by the continued denial of proper medical care by the (CMS) doctors.

Plaintiff has never been properly diagnose or told by a medical doctor what cause him to become paralyze. He is now confined to a wheelchair, and his medical condition is continuing to deteriorate and worsen.

This Court should grant punitive damage, for a denial of physical therapy, for failure to properly diagnose what caused plaintiff paralysis, for pain and suffering, the court should issue a order for CMS to apply proper medical treatment, and for monetary compensation of 1,000,000 million dollars in punitive damage.

Respectfully Submitted,

Robert Dinkins # 529495 (Plaintiff)

	treatment)							
Counsel:								
A. If someone other than a lawyer name. No	r is assisting you in preparing this case, state the person's							
3. Have you made any effort to epresent you in this civil action?	contact a private lawyer to determine if he or she would  YesNo							
If your answer is "Yes," state the names(s) and address(es) of each lawyer contacted.								
C. Have you previously had a lawyer representing you in a civil action in this court?  Yes No X								
If your answer is "Yes," state the name and address of the lawyer.								
1779-	ary that the foregoing is true and correct. day of2009.							
	Signature(s) of Plaintiff(s) Robert O. Dinkins # Jefferson City Correctional Center							
	Jerrerson City Correctional Center							
	8200 No More Victims Road Jetterson City, Missouri. 65101-4539							

### CERTIFICATE OF SERVICE

	The	unders	igned	certifies	that a	copy	of	the	fore	going	was	mailed	! this
5-8	29_	day	, of _		_ 2009,	To:	the	Offi	lce o	f the	Atto	rney G	eneral
of t	he St	tate of	Misso	uri P.O.	Box 899	, Jef	fers	son (	City,	Misso	ouri.	65101	• •

Respectfully Submitted,

Robert O. Dinkins #529495 (Plaintiff)
Jefferson City Correctional Center
8200 No More Victims Road
Jefferson City, Missouri. 65101-4539